



## 2015 Application for WOW Membership

Thursdays 7-9pm at Youth Services 9/24-3/31

Complete this form and return it to: The Town of Granby Youth Service Bureau, 15C North Granby Road, Granby, CT 06035 with payment\*\* by September 24 (\$125/participant/full program. Maximum payment of \$200 per family). \*\*DO YOU NEED FINANCIAL ASSISTANCE OR A PAYMENT PLAN? If yes to either, please check here \_\_\_\_\_ and we will contact you to make arrangements.

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE:(H) \_\_\_\_\_ (C) \_\_\_\_\_ YOUR EMAIL: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER(S) \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES? Y/N If yes, to what? \_\_\_\_\_

MEDICAL, EMOTIONAL OR MENTAL HEALTH CONCERNS THAT LEADERS SHOULD KNOW:  
(will be kept confidential) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Please read and sign the agreement below:

- Participants and parent/guardian agree to indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, cost, damage, expense and liability of whatsoever kind or nature resulting directly or indirectly from the nature of use covered by this contract which results in bodily injury including death, personal injury or damage to property.
- Participant and parent/guardian agree to allow the YSB to use photographs, digital and/or video images taken during WOW! in promotional materials and newsletters.
- Participant and parent/guardian grant permission for any emergency medical treatment that may be necessary while participating in WOW!
- Parent/guardian permits employees of the Town of Granby YSB to transport the WOW! member to/from activities.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARTICIPANT SIGNATURE